SPECTRA

Identification of Suspected Severe Asthma Patients in Primary Care

MEGS Overview
AstraZeneca Medical Educational goods and Services (MEGS), initiated and funded by AstraZeneca, developed in collaboration with the Accelerated Access Collaborative (AAC).

- MEGS are goods or services which enhance patient care or benefit the NHS and maintain patient care
- MEGS are non-promotional and must not be linked to the promotion of a medicine in any way as inducement to prescribe, supply, administer, recommend, buy or sell any medicine
- MEGS are available to NHS Healthcare Organisations (HCO) throughout the UK

The SPECTRA MEGS has been developed as a resource to support primary care; AstraZeneca do not support implementation of the tool for example review patients
PURPOSE OF ASTRAZENECA MEGS (SPECTRA)

SPECTRA primary care clinical system resources have been developed to help identify adults with potential severe asthma, optimise and where required, refer them to severe asthma centres.

This is a Medical Educational Goods and Services programme funded by AstraZeneca & developed in collaboration with the AAC.
SPECTRA PRIMARY CARE RESOURCES

*EMIS/SystmOne/Vision

Patients with:
- Serious exacerbations
- 2 or more issues of systemic corticosteroids
- 6 or more reliever inhalers in the last 12 months
- Poor symptom control

A referral extract template, to facilitate automated collection of data and medication as part of the referral process

Practice level and local health economy dashboards.

Downloadable baseline and follow-up PDF reports (if required) to measure continual review and impact of the service

REPORTS

Practice Baseline Report
Family Friendly Surgery

Friendly Family Surgery, Welbeck Road, Bolsover, Chesterfield
S44 6DE

Practice Code: C81655
NORTH HARDWICK BOLSOVER PCN
NHS Derby and Derbyshire CCG
Practice List Size: 11,111

Initial search results uploaded on Wed 7th Jul 2021
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Purpose of SPECTRA

Severe asthma may be a life-threatening and debilitating condition that can affect quality of life.¹

This may happen despite taking high-dose inhaled corticosteroids (ICS) maintenance inhalers and other controller medications.²

Severe asthma is a complex condition and may be driven by different inflammatory pathways.²

The purpose of the SPECTRA primary care clinical system resources are to support primary care to identify potential severe asthma patients who are inadequately treated/controlled. Once identified their care can be optimised and, if required, be referred as early as possible to severe asthma centres.

Appropriate and timely review of patients, with difficult-to-treat asthma in specialist care, improves outcomes by facilitating accurate diagnosis, identification and control of comorbidities and optimisation of adherence.

This programme supports primary care to identify adult patients who may have severe asthma and review, assess and refer appropriate patients to severe asthma centres.


Potential severe adult asthma hidden in your practice

Severe asthma patients are at increased risk for severe, potentially life-threatening asthma attacks.

Baseline

731 patients on practice asthma register*

Baseline

8% of asthma patients in primary care potentially have severe asthma

58 patients potentially have severe asthma

* Patients aged 18 and over

Severe asthma patients diagnosed and coded

0 asthma patients are currently diagnosed and coded with severe asthma (0.0%)

Once patients have been diagnosed with severe asthma, by a tertiary care centre, their primary care record should be updated for a diagnosis of severe asthma using either 663V3 (Read 2 code) or 370221004 (SNOMED code)

Rationale used to identify patients for review and assessment prior to referral

The definition of severe asthma, which underpins the algorithm, is based on the ERS/ATS 2014 statement which has not been superseded. To prioritise patients for review and assessment, each cohort is categorised into priority groups, as shown below.

**Cohort 1:**

- **Priority 1a:** Cohort 1 patients with serious exacerbations (at least one hospital admission) OR 2 or more exacerbations**.1
- **Priority 1b:** Cohort 1 patients who have had 2 or more issues** of systemic corticosteroids**.
- **Priority 1c:** Cohort 1 patients who have had 6 or more issues** of reliever inhaler**.2,3
- **Priority 1d:** Cohort 1 patients with "Poor Symptom Control" coded** OR latest asthma control test (ACT) < 20.1

**Cohort 2:**

- **Priority 2a:** Cohort 2 patients with serious exacerbations (at least one hospital admission) OR 2 or more exacerbations**.1
- **Priority 2b:** Cohort 2 patients who have had 2 or more issues** of systemic corticosteroids**.
- **Priority 2c:** Cohort 2 patients who have had 6 or more issues** of reliever inhaler**.2,3
- **Priority 2d:** Cohort 2 patients with "Poor Symptom Control" coded** OR latest ACT < 20.1

* See Appendix for full list of drugs  
* No referral in the last 12 months or current biologic  
** In the last 12 months

Available from: https://erj.ersjournals.com/content/43/2/343 [Last Accessed: August 2021]
Cohort 1: Adult asthma patients on high strength ICS*

To access patients for review, locate these searches within the "SPECTRA: Suspected Adult Severe Asthma" folder in your clinical system reporting module.

<table>
<thead>
<tr>
<th>Search Number</th>
<th>Search Title</th>
<th>Patient Numbers</th>
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<tbody>
<tr>
<td>1a</td>
<td>Cohort 1 patients with serious exacerbations (at least one hospital admission) OR 2 or more exacerbations**</td>
<td>11</td>
</tr>
<tr>
<td>1b</td>
<td>Cohort 1 patients who have had 2 or more issues** of systemic corticosteroids.**</td>
<td>13</td>
</tr>
<tr>
<td>1c</td>
<td>Cohort 1 patients who have had 6 or more issues** of reliever inhaler.**</td>
<td>31</td>
</tr>
<tr>
<td>1d</td>
<td>Cohort 1 patients with &quot;Poor Symptom Control&quot; coded** OR Latest ACT &lt; 20.**</td>
<td>11</td>
</tr>
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</table>

Baseline

98
Cohort 1: Adult asthma patients on a high strength ICS*

Search 1

Patients assessed for severe asthma should be coded
38BB (Read 2) or 9660310000000101 (SNOMED)

If a patient is referred following review, please use a relevant referral code (i.e., "Referral to Asthma Clinic") 8HTT (Read 2) or 415265005 (SNOMED)

* See Appendix for full list of drugs.  * No referral in the last 12 months or current biologic  ** In the last 12 months
Available from: https://erj.ersjournals.com/content/43/2/343 [Last Accessed: August 2021]
Cohort 2: Adult asthma patients on all other ICS* strengths

To access patients for review, locate these searches within the “SPECTRA: Suspected Adult Severe Asthma” folder in your clinical system reporting module.

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<tr>
<td>2a</td>
<td>Cohort 2 patients with serious exacerbations (at least one hospital admission) OR 2 or more exacerbations**.1</td>
<td>9</td>
</tr>
<tr>
<td>2b</td>
<td>Cohort 2 patients who have had 2 or more issues** of systemic corticosteroids.1*</td>
<td>20</td>
</tr>
<tr>
<td>2c</td>
<td>Cohort 2 patients who have had 6 or more issues** of reliever inhaler.2,3*</td>
<td>7</td>
</tr>
<tr>
<td>2d</td>
<td>Cohort 2 patients with “Poor Symptom Control” coded** OR Latest ACT &lt; 20.1</td>
<td>74</td>
</tr>
</tbody>
</table>

- See Appendix for full list of drugs
- *No referral in the last 12 months or current biologic
- **In the last 12 months

Patients assessed for severe asthma should be coded 3888 (Read 2) or 9660310000000101 (SNOMED)

If a patient is referred following review, please use a relevant referral code (i.e., “Referral to Asthma Clinic”) 8HTT (Read 2) or 415265005 (SNOMED)

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Available from: https://ejr.esjrournals.com/content/43/2/343 [Last Accessed: August 2021]


Patients in Cohorts 1 & 2 who require an asthma control test (ACT)

International guidelines for the treatment of asthma have identified that the primary clinical goal of asthma management is to optimise asthma control (minimisation of symptoms, activity limitation, bronchoconstriction and rescue β2-agonist use) and thus reduce the risk of life-threatening exacerbations and long-term morbidity.¹

The Asthma Control Test is a tool commonly used by healthcare providers globally, and has been scientifically tested with hundreds of people with asthma.² Completing the ACT ensures up-to-date symptom control and scores are recorded for the target cohorts of patients identified.

Cohort 1: Adult asthma patients on high strength ICS

13 Adult asthma patients on a high strength ICS (with no referral in the last 12 months or current biologic) require an ACT to be completed.

These patients can be accessed from Search 3 within the “SPECTRA: Suspected Adult Severe Asthma” folder in your clinical system reporting module.

Cohort 2: Adult asthma patients on all other ICS strengths

58 Adult asthma patients on all other ICS strengths (with no referral in the last 12 months or current biologic) require an ACT to be completed.

These patients can be accessed from Search 4 within the “SPECTRA: Suspected Adult Severe Asthma” folder in your clinical system reporting module.

Impact of the review and referral process

In order to evaluate the impact of the audit activities, it is important to code patient reviews and asthma referrals; so future reporting can capture the number of patients reviewed, assessed and referred, post baseline.

Coding asthma patients reviewed and assessed

Patients will only appear as "reviewed and assessed" if the "Severe Asthma Exacerbation Risk Assessment" code [38B8 (Read 2) or 9660310000000101 (SNOMED)] is added during the review process.

Coding asthma referrals

Patients will only appear as "referred" if the "Referral to Asthma Clinic" code [8HTT (Read 2) or 415265005 (SNOMED)] is added during the review process.
Recording advanced therapies in the clinical system

Patients that are referred to specialist centres may be initiated on advanced therapies.

It is important the patient's GP prescribing record is updated with the medication given outside the practice, so that the record provides a full picture of the patient, to staff across the health system who are directly involved in the patient's care.

It is also important to record advanced therapies in severe asthma patients for this audit, as these patients are excluded from the target cohort to prevent them from reappearing in searches for review.

For guidance on how to add any medication prescribed outside the GP practice, either click on the NHS Digital link below or access the GP clinical system's help files.

Appendix

List of drugs included in Cohort 1 - High Strength ICS

Doses (puffs and frequency) of inhalers cannot be identified through clinical system searches. In order to identify Inhaled Corticosteroid devices that deliver high doses, strengths are used in the search criteria.

Strengths of ICS that can be used to deliver both medium and high doses1 have been marked with an asterisk (*).

BECLOMETASONE
Clenil Modulite pMDI 200mcg
Beclometasone 200mcg dose inhaler *
Clenil Modulite pMDI 250mcg
Beclometasone 250mcg dose inhaler
Kelhale pMDI (extrafine) 100mcg *
Qvar pMDI (extrafine) 100mcg *
Qvar Autohaler (extrafine) 100mcg *
Qvar Easi-breathe (extrafine) 100mcg *
Beclometasone 100mcg breath actuated inhaler CFC free
Soprobec pMDI 250mcg

BUDESONIDE
Easyhaler (Budesonide) 400mcg
Budesonide dry powder inhaler 400mcg
Budesonide 200mcg dry powder inhalation cartridge
Budesonide 200mcg dry powder inhalation cartridge with refill
Budelin Novoizer 200mcg *
Budelin Novoizer 200mcg refill *
Pulmicort Turbohaler 400mcg *

BECLOMETASONE/FORMOTEROL
Fostair (pMDI) 200/6
Fostair (NEXThaler) 200/6
Beclometasone 200mcg /Formoterol 6mcg inhaler CFC free
Beclometasone 200mcg /Formoterol 6mcg dry powder inhaler

BUDESONIDE/FORMOTEROL
DuoResp Spiromax 320/9 *
Budesonide 400mcg /Formoterol 12mcg dry powder inhaler *
Symbicort Turbohaler 400/12 *
Fobumix Easyhaler 320/9 *

FLUTICASONE/FORMOTEROL
Flutiform MDI 250/10
FLUTICASONE/SALMETEROL
Airflusal Forspiro 500/50
AirFlusal pMDI 250/25
Aloflute pMDI 250/25
Combinal pMDI 250/25
Fusacomb Easyhaler 500/50
Sereflo pMDI 250/25
Seretide Accuhaler 500/50
Seretide Enohaler 250/25
Sirdupla pMDI 250/25
Stalpex Orbicel 500/50
Fluticasone 500mcg / Salmeterol 50mcg inhaler CFC free
Fluticasone 250mcg / Salmeterol 25mcg inhaler CFC free

FLUTICASONE/VILANTEROL
Relvar Ellipta 184/22
Fluticasone furoate 184mcg /Vilanterol 22mcg dry powder inhaler

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Appendix (continued)

List of drugs included in Cohort 2 - Other Strength ICS

This search is created by including patients on all others strengths of inhaled corticosteroids and excluding patients from Cohort 1.

Systemic corticosteroids used in the searches

Drugs in this group include all strengths of tablet, solution, suspension, suppository and injection formulations of:

- Betamethasone
- Dexamethasone
- Hydrocortisone
- Methylprednisolone
- Prednisolone

Reliever inhalers

Drugs in this group include, all strengths of short acting β2-agonist (SABA):

- Salbutamol
- Terbutaline sulfate
AUTO EXTRACT - REFERRAL TEMPLATE

This is a Medical Education Needs and Services Programme funded by Asthma UK and developed in collaboration with the AAC.

**Uncertified Asthma Referral Form**

This referral form remains entirely confidential. No information whatsoever is shared with Asthma UK.

Please note only coded data will be pulled through, please add any missing information via free text.

**Reason for referral (Please add relevant free text)**

**Patient Record**

**Date of Entry**

**Diagnosis**

- Asthma Diagnosed
- Recent Asthma Episode
- COPD
- Eosinophilic
- Other

**Other Diagnosis**

- Allergies
- COPD
- Heart Failure

**Examinations/Symptom Control**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma Diagnosed</td>
<td>[Score]</td>
</tr>
<tr>
<td>Diagnosed for Asthma</td>
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<tr>
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**Diagnosis**

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- COPD
- Eosinophilic
- Other

**Current Acute & Repeat Medication**

<table>
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<th>Medication</th>
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**Exhaled Nitric Oxide (pH)**

<table>
<thead>
<tr>
<th>Nitric Oxide (pH)</th>
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**Other**

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**Blood Tests**

<table>
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<tr>
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- Other

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ACCESSING THE ASTRAZENECA MEGS (SPECTRA)

To access SPECTRA clinical system resources and reporting for your Healthcare Organisation (HCO) register on www.suspected-severe-asthma.co.uk (registrants need to be authorised on behalf of HCO)

For further information email support@suspected-severe-asthma.co.uk or call the AZ MEGS SPECTRA Support Team on 01332 546 909

This Medical Educational Goods and Service is organised and funded by AstraZeneca and delivered by Oberoi Consulting